

# A PROFILE OF THE UNINSURED IN CHARLOTTE COUNTY



Prepared by the **Community Health Improvement Partnership**  
August 2007





# TABLE OF CONTENTS

<b>Preface</b>	<b>I</b>
<b>About CHIP and the Health Provocateur Project</b>	<b>3</b>
<b>Introduction</b>	<b>5</b>
<b>Data Sources</b>	<b>6</b>
<b>Key Findings: The Uninsured in Charlotte County</b>	<b>7</b>
<b>Estimates</b>	<b>9</b>
Characteristics of the Uninsured	<b>11</b>
Insurance and Employment	<b>13</b>
Regular Healthcare Provider	<b>15</b>
Insurance Coverage and Health Status	<b>19</b>
<b>The Impact of Uninsurance on the Community</b>	<b>21</b>
<b>Trends in Emergency Department Utilization</b>	<b>25</b>
<b>Other Sources of Information</b>	<b>26</b>
<b>References</b>	<b>27</b>



## PREFACE

Our nation spends more than any other country on health care, about 16% of our Gross Domestic Product. We demand the finest medicine using the latest technology. Yet, we often don't consider the impact of our choices on our economy, our communities and our neighbors. The way we consume health care as a nation has driven insurance premiums to unprecedented levels, on average \$10,000 or more per year, leading many employers to discontinue offering this benefit and many self-employed workers to forgo insurance due to the high cost.

The proportion of people who are uninsured in the U.S. has been growing steadily in the last 20 years. Nearly one in five Americans is without health insurance. In Charlotte County, these figures are similarly high (21.8% among those under 65), and higher than many other communities in our state and nation. And most of the uninsured are employed. The likelihood of being uncovered is highest among the most poor, those with the least education and those who work in small businesses or who are self-employed. But the risks of declining coverage affects all Americans, through higher medical care costs, insurance premiums and taxes.

So what can we, as a community, do about the growing problem of the uninsured? There are many things we can do, such as come together to develop local solutions. We can learn about the many new health coverage options, for individuals and employers. We can encourage group purchasing and employee wellness programs to keep costs down and improve health status. We can impact local policies that impact health, such as how we build our communities and produce our food to encourage healthy lifestyles. We can work together to develop solutions we have not yet thought of yet, and we can believe that a solution exists for this problem that we created.

Please join us in this first step in solution-building, which is to understand the many facets of the health insurance crisis from a local perspective. It is not just the absence of coverage that puts us at risk, but also the absence of health and well-being.

This report summarizes the most up-to-date data on local and state health insurance coverage, perceived need for care or coverage, the costs of the insurance crisis at one local hospital and also provides a tool to be used in solution-building. Charlotte County is a rich and creative community that has begun building bridges to solutions. To increase insurance coverage for families in any significant way, we must work together. We must create options for those who can't afford it, we must urge those who can to purchase insurance, and we must offer alternatives for health maintenance and risk reduction for those who may remain without.

As a community, we are only as strong as our weakest member. Finding ways to expand coverage and provide access to affordable care for those without insurance is something we cannot afford to not do.



# ABOUT CHIP AND THE HEALTH PROVOCATEUR PROJECT

The **Community Health Improvement Partnership**, or CHIP, brings together a dynamic collaboration of individuals, not-for-profit organizations, hospitals, and community leaders. CHIP is dedicated to building better health, insurance coverage and well-being for Sarasota, Charlotte and DeSoto County residents. The goal of CHIP is to improve the physical, mental, social, and environmental health of all citizens. Community Health Action Teams and a regional team of health care leaders, social profit agencies and volunteers work together to make this happen through community engagement and solution-building, research and benchmarking and regional planning and implementation.

The **Health Provocateur Project** is an example of one of CHIP's regional initiatives. The Health Provocateur Project provides systems-level planning to complement CHIP's grass-roots, community-based activities. Organized and facilitated by CHIP and SCOPE staff, the Health Provocateur Project convenes major institutional stakeholders of the local healthcare system, including hospital CEOs and Health Department leadership.. Provocative ideas and national health care experts challenge prevailing thinking are encouraged in a trusting and supportive environment.

These members have been working on a number of significant issues which impact community health. A drive to improve health care access for those without insurance identified the need for more local data to better understand the issue.

This document responds to that need. The following pages explore the characteristics of Charlotte County's 22,000 uninsured residents.



# INTRODUCTION

That so many Americans are without health insurance coverage weighs heavy on a nation which spends twice as much on health care as the median industrialized nation. And yet despite the large expenditures, health insurance coverage is not universal as it is in every other major industrialized country; the current employer-based system leaves many Americans without access to affordable health insurance.<sup>1</sup>

The word “crisis” has been used, quite justifiably, to describe the uninsurance problem in the United States. Forty-four million Americans are without health insurance and by 2013 this number is expected to grow to 56 million, or approximately 1 in 5 U.S. residents.<sup>2-4</sup>



## **Lack of Coverage: The Consequences**

The impacts of lack of insurance are significant. Working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker; and receive poorer care when they are in the hospital. Research has shown that uninsured individuals have a 25% higher mortality than those who are insured; the Institute of Medicine estimates that 18,000 lives are lost annually as a consequence of gaps in coverage.<sup>3</sup>

When compared to those with coverage, uninsured Charlotte County residents more than twice as likely to report their health status as fair or poor. They are also less likely to have a regular medical care provider and five times more likely to report that they did not get needed medical care in the past 12 months.

It is clear that health insurance also permeates areas of individuals' lives' in ways far removed from healthcare. It impacts decisions to choose or leave a job; marriages have been hastened—and divorces delayed—to ensure that individuals have health insurance coverage. And while those with insurance maneuver to keep coverage and prepare for skyrocketing premiums, those without health insurance look for affordable options ... and hope that they do not become sick or injured in the meantime.

Working-age Americans without health insurance are more likely to receive too little medical care and receive it too late; be sicker; and receive poorer care when they are in the hospital.

## DATA SOURCES

Most data used in this report come from the Florida Health Insurance Study. Data on hospital emergency department utilization rates comes from data reported by the hospital.

### **About the Florida Health Insurance Study**

In 1998 the Florida legislature created the Florida Health Insurance Study to provide reliable estimates of the percentage and number of Floridians without health insurance. The latest survey was conducted in 2004. Telephone surveys were conducted between April and August of 2004 to gather data from a sample of Florida households. The survey was implemented by the Survey Research Center of the University of Florida's Bureau of Economic and Business Research.

# KEY FINDINGS: THE UNINSURED IN CHARLOTTE COUNTY

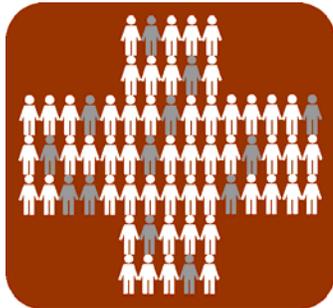
Based on data from the 2004 Florida Health Insurance Study

- In Charlotte County, based on 2006 estimates 22,227 residents are uninsured. Compared to other counties in Florida, Charlotte County ranks 15<sup>th</sup> (of 67 counties) in the proportion of individuals without health insurance and 24 other Florida counties have a larger total number of uninsured.<sup>4,5</sup>
- Among children (age 18 and under) in Charlotte County, 14.4 percent are uninsured. In Florida, 11.8 percent of children are uninsured.
- Though employers serve as a primary link to coverage, employment alone doesn't ensure access to health insurance. Among Charlotte County's uninsured, 91 percent have a family member with some form of employment. Forty-four percent of the uninsured are employed full time, 12 percent are self-employed, and nine percent are employed part-time. An additional 11 percent are unemployed and 24 percent are not in the workforce.
- Cost is most commonly cited as the reason people do not have insurance. Seventy-three percent of Charlotte County's uninsured residents report that coverage is too expensive.
- Forty-six percent of uninsured Charlotte County residents report that they delayed or did not get needed medical care in the past year. Among those with insurance, 18 percent report the same.
- More than 13 percent of Charlotte County residents report that their health status is fair or poor. Among this group, when compared to those with insurance, the uninsured are more than twice as likely to report the same.



## ESTIMATES

For the 2004 Florida Health Insurance Study (FHIS), telephone interviews were conducted with 17,435 Florida households, collecting data for about 46,876 individuals – 425 in Charlotte County alone. Like other statewide surveys to measure health insurance, the focus of the FHIS is Floridians under age 65, since virtually all Americans age 65 or older have some form of health coverage through Medicare.



More than  
**1 in 5**  
Charlotte County  
residents  
under 65 lack  
health insurance.

According to the Florida Health Insurance Study, in 2004, an estimated 21.8 percent of Charlotte County residents were uninsured. Based on 2006 population figures, this represents 22,227 individuals, or more than one in five Charlotte County residents under the age of 65.

	Population Under 65 <sup>±</sup>		Uninsured Under 65	
	<i>Number</i>		<i>Number</i>	<i>Percent</i>
Charlotte County <sup>±</sup>	101,958		22,227	21.8
Florida <sup>±</sup>	15,313,084		2,940,112	19.2
United States <sup>*</sup>	184,026,417		37,808,000	20.5

<sup>±</sup> Population estimates for Florida and Charlotte County are from 2006 and come from the Florida Legislature's Office of Economic and Demographic Research (EDR).

<sup>\*</sup> Estimates from the U.S. Census Bureau. Income, Poverty, and Health Insurance in the United States: 2005 Estimates of population under 65 are based on data from this report. <http://www.census.gov/hhes/www/hlthins/hlthin05/hi05t8.pdf>

In Charlotte County, health insurance is provided by employers for more than half (54.7 percent) of those with insurance coverage. An additional 12.0 percent of individuals pay for their own health insurance coverage while nearly 15 percent cite Medicaid or MediPass as sources of coverage.

### Type of Coverage Among those with Health Insurance

Charlotte County Residents, 2004

	<i>Percent</i>
Health Insurance from a current employer/union	54.7
Health insurance purchased by individual	12.0
Medicaid or MediPass	14.8
CHAMPUS, TRICARE or other military plan	6.9
Other State Plan	6.8

Cost is most often cited as the reason why people do not have health insurance coverage. Nearly three quarters of Charlotte County residents report that cost prohibits them from securing coverage.

### Main Reason for Not Having Insurance Coverage

Charlotte County Residents, 2004

	<i>Percent</i>
Too expensive	72.8
Employer doesn't offer it	8.6
Unsure how to proceed	5.4
Medical problems/Pre-existing conditions	3.7
Waiting for coverage	3.4
Don't need insurance	2.6
Medicaid/Kidcare application pending, denied, or cut off	2.4
Too lazy/Did not apply	1
Don't believe in insurance	0
Free or inexpensive care available	0
Other (specify)	0
Unemployed/Full-time student/Retired	0
Transient status/No social security number	0
Parent not enrolled or not covered, child not covered by parent, husband or wife not covered by spouse	0
No longer covered by parent or spouse due to death, divorce, job loss, child's age, or simply stopped paying	0
<i>Frequency Reporting</i>	75

On average, employee-only insurance premiums in 2004 were about \$154 and costs for family coverage were about \$270. It should be noted, however, that across the nation insurance premiums have been rising steadily over the years. The 2004 figures from the Florida Health Insurance Study give us a ballpark figure of what residents are paying for coverage, but are certainly an underestimation of the cost in 2007.

### Average monthly premiums for insured individuals with employer-sponsored coverage

Charlotte County Residents, 2004

<i>Type of Coverage</i>	<i>Average</i>	<i>Range</i>
Employee Only	\$153.70	\$21.70 - \$541.25
Family	\$268.50	\$19.50 - \$1299.00
<i>Frequency Reporting</i>		75

## Characteristics of the Uninsured

### Distribution of Uninsured Charlotte County and Florida Residents Under Age 65, 2004

For each characteristic, the percentages total to approximately 100%.  
(n=8,232 for Florida, n=78 for Charlotte County)

	<b>Charlotte County</b>	<b>Florida</b>
	<i>Percent</i>	<i>Percent</i>
<b>Race/Ethnicity</b>		
White Non-Hispanics	77.8	44.3
Hispanics	10.4	31.6
Blacks/African Americans	10.3	19.5
Others	1.5	4.6
<b>Gender</b>		
	<b>Charlotte County</b>	<b>Florida</b>
Male	57.3	52.8
Female	42.7	47.2
<b>Age Group</b>		
	<b>Charlotte County</b>	<b>Florida</b>
0 – 4 years	3.7	3.1
5 – 9 years	12.6	4.6
10 – 17 years	14.1	10.9
18 – 24 years	18.5	15.8
25 – 34 years	18.8	23.2
35 – 44 years	24.5	19.8
45 – 54 years	7.8	14.3
55 – 64 years	3.7	8.3
<b>Age Category</b>		
	<b>Charlotte County</b>	<b>Florida</b>
Children (under 18 years)	15.3	17.9
Adults (18 – 64 years)	84.7	82.1
<b>Employment Status of Household Members</b>		
	<b>Charlotte County</b>	<b>Florida</b>
Employed full-time	43.5	52.5
Employed part-time	9.0	10.0
Self-Employed	11.8	9.6
Unemployed	10.7	9.6
Not in workforce	24.1	8.3

<b>Length of Time Without Health Insurance</b>	<b>Charlotte County</b>	<b>Florida</b>
Less than one month	0	3.1
One to six months	6.1	15.0
Seven to 12 months	4.8	8.9
1 – 2 years	17.8	18.5
More than 2 years	55.0	35.6
Never had health insurance	16.3	18.9

<b>Annual Family Income</b>	<b>Charlotte County</b>	<b>Florida</b>
Less than \$5,000	1.6	5.3
\$5,000 – \$9,999	3.6	6.8
\$10,000 – \$14,999	5.3	9.7
\$15,000 – \$19,999	6.3	11.7
\$20,000 – \$24,999	13.5	11.9
\$25,000 – \$34,999	32.8	21.3
\$35,000 – \$44,999	16.5	11.5
\$45,000 – \$54,999	7.9	6.4
\$55,000 – \$64,999	2.5	4.9
\$65,000 – \$74,999	3.1	2.9
\$75,000 – \$84,999	1.8	2.2
\$85,000 – \$94,999	.	1.0
\$95,000 or more	5.1	4.3

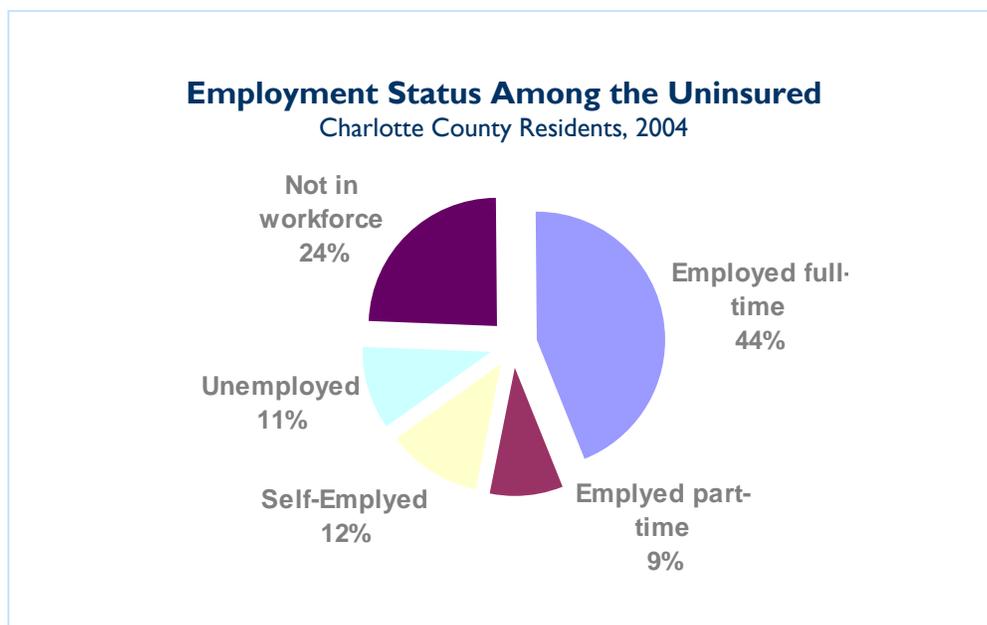
  

<b>Income as a Percent of Federal Poverty Level</b>	<b>Charlotte County</b>	<b>Florida</b>
100% or less	19.4	26.9
101%-150%	22.1	22.7
151%-200%	25.8	16.1
201%-250%	12.3	8.7
Greater than 250%	20.4	25.7

## Insurance and Employment

In Charlotte County, about 55 percent of insured individuals acquire health insurance coverage through their employer. Though employers serve as a primary link to coverage, employment alone doesn't ensure access to health insurance.

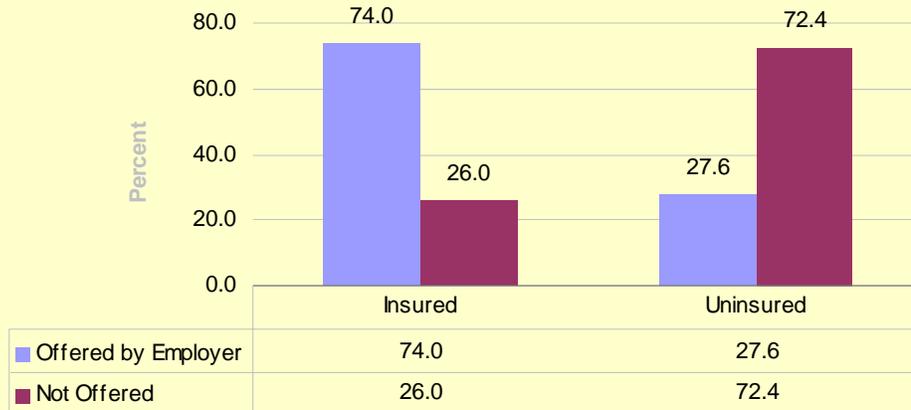
Among Charlotte County's uninsured, 91 percent have a family member with some form of employment. Forty-four percent of the uninsured are employed full time, 12 percent are self-employed, 9 percent are employed part-time. An additional 11 percent are unemployed and 24 percent are not in the workforce.



Among employed Charlotte County residents, 63.2 report that their employer offers a health insurance option, while employer-based coverage is not available for 36.8 percent of residents. Among the insured, 74 percent can access a health insurance package from their employer; among the uninsured, this option exists for only 28 percent of employees.

### Availability of Employer-Sponsored Health Insurance, by Insurance Status

Charlotte County Residents 18-64, 2004



Seventy-two percent of employed individuals report that the main reason that they do not have coverage is due to the fact that their employer does not offer insurance coverage.

### Reason for being Employed and not having Health Insurance

Charlotte County Residents 18-64, 2004

	Percent
Not Offered	72.4
Too expensive	13.6
Not eligible	12.0
Other	2.0

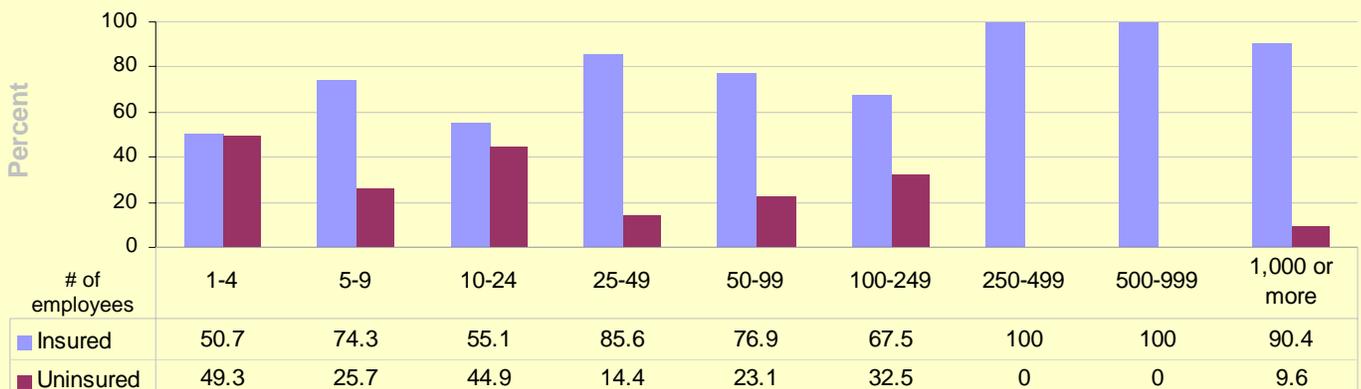
Frequency Reporting

178

As the graph below indicates, individuals employed by smaller firms are less likely to have insurance coverage.

### Likelihood of Having Health Insurance, by Size of Employer

Charlotte County Residents 18-64, 2004



## Regular Healthcare Provider

Attachment to a primary care provider is associated with health care utilization behavior as well as health outcomes. These survey data show that 82 percent of the respondents in this sample have one or more providers they consider to be their primary provider, while 18 percent of those surveyed have no primary care provider.

Health insurance and having a regular provider go hand in hand. More than 35 percent of the uninsured say they do not have a primary care physician, while only 13 percent of those with insurance report the same.

### **“Is there a particular clinic, hospital, health center or doctors office that you usually go to if sick need advice about your health?”**

Charlotte County Residents, 2004

	<i>Percent</i> Insured	<i>Percent</i> Uninsured	<i>Percent</i> Total
Yes	87.2	64.5	82.5
No	12.9	35.5	17.5

*Frequency Reporting* 138

Nearly one in 4 Charlotte County residents (24 percent) reported that they needed medical care in the past year and could not get it. Respondents without health insurance were significantly more likely to be unable to get care (46 percent) than those respondents with health insurance (18 percent).

### **In the past 12 months, was there any time when you needed medical care, but delayed or did not get it because you couldn't afford it?**

Charlotte County Residents, 2004

	<i>Percent</i> Insured	<i>Percent</i> Uninsured	<i>Percent</i> Total
Yes	17.9	45.8	23.5
No	82.2	54.2	76.5

*Frequency Reporting* 138

Lack of insurance, cited by 78 percent of respondents, was the most common reason for not obtaining the needed care. In fact, lack of insurance was reported as a barrier to healthcare more often than all other reasons combined.

**What was the reason you delayed or did not get medical care when you thought you needed to?**

Charlotte County Residents, 2004

	<i>Percent Uninsured</i>
No Insurance	78.3
Could not afford it	16.4
Fear or distrust of doctors (doesn't like, doesn't believe, afraid of results)	2.5
Insurance issues: Doctor did not accept Medicaid/Medicare/ Insurance plan, waiting for coverage, insurance hassle	0.0
Time off work/hours inconvenient/hassle	0.0
Didn't feel like it/Didn't want to/Procrastination/ Stubborn	0.0
Transportation	0.0
Condition didn't seem serious enough	0.0
Wait too long in clinic/office	0.0
Didn't know where to go	0.0
Speak a different language	0.0
Family issues interfered	0.0
Traveling/Holidays/ Away from home	0.0
<i>Frequency Reporting</i>	138

## What are Charlotte County residents paying for each time they go to the doctor?

Costs vary substantially depending on insurance status. Most of those with insurance pay between \$10 and \$20 per visit. Among those without coverage, however, about 20 percent pay nothing, while more than 65 percent spend more than \$40 each time they see the doctor.

### “ When you go to the doctor, how much do you pay on average at the time of the visit?

Charlotte County Residents, 2004



	<i>Percent Insured</i>	<i>Percent Uninsured</i>
Nothing	7.0	19.8
Less than \$10	1.8	0
\$10 - \$15	33.0	0
\$16 - \$20	22.8	0
\$21 - \$25	5.3	0
\$26 - \$40	9.8	14.4
More than \$40	20.4	65.8

*Frequency Reporting*

125



## Insurance Coverage and Health Status

Health status questions are typically used in health surveys to provide a general measure of self-reported health, with respondents assessing their health status on a scale from poor to excellent.

**“Would you say that in general your health is: ...”**

Excellent	Very Good	Good	Fair	Poor
<b>37.1%</b>	<b>26.0%</b>	<b>22.8%</b>	<b>10.8%</b>	<b>3.4%</b>
41% Insured 23% Uninsured	25% Insured 30% Uninsured	23% Insured 22% Uninsured	9% Insured 18% Uninsured	3% Insured 6% Uninsured

More than 13 percent of Charlotte County residents reported that their health status is fair or poor. Among this group, the uninsured are more than twice as likely to report that their health status is fair or poor.

The uninsured are more than twice as likely to report their health status as fair or poor.

## Where do local residents go for medical care ?

Charlotte County residents were asked where they would normally go for medical care. While nearly 90 percent of those with insurance report that they would go to a doctor's office if they needed care, only about 40 percent of the uninsured cite this as a normal source of medical care.

Compared to those with insurance, those without insurance are more likely to seek care at clinic or Health Center (39 percent versus 6 percent), a hospital emergency room (14.7 percent versus 2.2 percent), or the an urgent care or walk-in clinic (5 percent versus 2 percent)

### Type of place where medical care is received, by insurance status

Charlotte County Residents, 2004

	<i>Percent</i>	<i>Percent</i>
	Insured	Uninsured
Doctor's Office	87.7	40.3
Clinic or Health Center	5.9	39.3
Hospital Outpatient Clinic	2.5	0
Hospital ER	2.2	14.7
Urgent Care/Walk-in Clinic	1.7	5.0

*Frequency Reporting 114*

# TRENDS IN EMERGENCY DEPARTMENT UTILIZATION

Across the nation, visits to the emergency departments (EDs) have been increasing. Between 1994 and 2004, the number of ED visits increased by 18 percent (from 93.4 visits to 110.2)<sup>6</sup>. During the same period in Florida, visits increased by 40.9 percent while the total number of emergency department visits decreased by 5.3 percent.

Why are more and more Americans seeking care in emergency departments? Though the rise in the number of uninsured is often cited as a significant reason for increasing emergency department utilization, several other factors affect ED utilization, as well, including<sup>7</sup>:

- **Federal and State Laws**  
Laws mandate that emergency care cannot be delayed due to methods of payment or insurance coverage.
- **Population Growth**  
Those between the ages of 0 and 24, and 75 and older, represent the fastest growing population groups in Florida and are also more likely to need emergency care.
- **Access to Providers**  
If health care providers are not accessible, people are more likely to use emergency departments.
- **Patient and Provider Preference**  
If staff is available, some hospitals may not discourage emergency department use for non-urgent care. And even with long waits, patients may prefer to seek care in an emergency department for a variety of reasons including the fact that they can seek care without missing work.

As the number of uninsured in the community grows, local hospitals bear much of the burden. The role of emergency departments as a source of regular medical care for the County's uninsured cannot be overlooked. Local hospitals report that many uninsured patients seek treatment through local emergency departments because they do not have a medical home and may be unfamiliar with locally available health care resources, including so called "safety net" providers. Like their hospital counterparts elsewhere, they are struggling under the burden of providing uncompensated care for uninsured patients, including emergency department care.

Between 2003-2005, available data from one Charlotte County emergency department show that the uninsured represented about 14 percent of all emergency room visits. Individuals were most likely to arrive at the emergency department between the hours of 6 a.m. to noon. The majority of the uninsured arriving at the emergency department (56 percent) were under the age of 18.

### Charlotte County Emergency Room Visits, 2003-2005\*

<b>Total # ED Uninsured Visits</b>	<b>8,870</b>
<b>% Uninsured</b>	<b>13.9%</b>
<b>% Employed uninsured</b>	<b>55.0%</b>

### Time of Visits to Charlotte County Emergency Department, 2003-2005†

<b>Uninsured arrival Time at ED</b>	<i>Percent</i>
000-6000	1,003
0601-1200	7,341
1201-1800	2,960
1801-2400	2,966

### Visits Charlotte County Emergency Department by Age of Uninsured Patient, 2003-2005‡

<b>Uninsured by age</b>	<i>Percent</i>
0-17	55.8
18-34	44.5
34-51	35.6
52-64	7.6
65+	1.1

\* Source: Data from Fawcett Memorial Hospital

† Source: *ibid.*

‡ Source: *ibid.*

## Conditions

The following table captures the top eight most common conditions among the uninsured seeking care at one Charlotte County emergency department. Lumbar sprain topped the list.

### Top 10 Discharge Diagnoses for Uninsured/Self-pay ER Visits Charlotte County Emergency Department Visits, 2005

Rank	Diagnostic Related Group
1	Lumbar Sprain
2	Aftercare
3	Open Wound of Finger
4	Acute Pharyngitis
5	Local Skin Infection, non-specific
6	Lower back pain
7	Acute upper-respiratory infection, non-specific
8	Surgical dressing/sutures
9	Unspecified ear infection
10	Local skin infection, non-specific



# THE IMPACT OF UNINSURANCE ON THE COMMUNITY

In *A Shared Destiny: Community Effects of Uninsurance*<sup>8</sup>, the Institute of Medicine examines how the quality, quantity, and scope of health services within the community can be affected adversely by having a large or growing uninsured population. The following is an excerpt from the report.

“Even for healthy community members, having a regular health care provider and more advanced medical services and resources available has real value. These health care relationships and resources enhance the quality of our lives and peace of mind.<sup>8</sup>The failure to insure all members of American communities can distort and even disrupt these relationships between health care providers and the people they serve...As a result, the presence of a sizable or growing population of uninsured persons may impose destabilizing financial stresses on the healthcare providers that serve all community members and on the public and private sources that finance local health care. Lack of access to healthcare results in adverse economic, social, and health consequences for uninsured persons and their family members. Ripple or spillover effects of these consequences on uninsured persons may be felt by their insured neighbors. For example, an uninsured breadwinner’s lack of healthcare can lead to disability and loss of income that necessitates public support payments.”

Institute of Medicine,  
Committee on the Consequences of Uninsurance, 2002<sup>8</sup>

“Ripple or spillover effects of these consequences of uninsured persons may be felt by their insured neighbors.”

The ability of a community to provide its residents with an environment in which they can be healthy is dependent on many factors. The presence of a comprehensive healthcare system—which can both respond to the needs of the uninsured and sustain quality services for those with coverage—is a major determinant of community health and well-being.

# OTHER SOURCES of INFORMATION

## **Emergency Department Data**

Additional information about ED utilization on a national level is available from the National Center for Health Statistics (NCHS) Ambulatory Health Care website: <http://www.cdc.gov/nchs/nhamcs.htm>.

## **Alternatives to Emergency Departments**

Emergency rooms are for the treatment of serious and life-threatening conditions. Other choices exist for getting medical care for less serious health problems, even if you do not have health insurance. Florida's Agency for Health Care Administration maintains a list of programs and resources that are alternatives to treatment in an emergency room. The list can be found at:

<http://www.floridahealthstat.com/mhr.shtml>.

## **Community Health Improvement Partnership – CHIP**

For additional local data and information on how to become involved in local health improvement efforts, visit the CHIP website at [www.chip4health.org](http://www.chip4health.org).

## **Cover the Uninsured ([www.covertheuninsured.org](http://www.covertheuninsured.org))**

This website serves as resource for materials and information to help build public support to cover America's uninsured. The site includes data on the uninsured, policies and strategies, a media resource center and planning materials.

## REFERENCES

1. Davis K. Uninsured in America: problems and possible solutions. *BMJ*. Feb 17 2007;334(7589):346-348.
2. Gilmer T, Kronick R. It's the premiums, stupid: projections of the uninsured through 2013.
3. Institute of Medicine: Committee on the Consequences of Uninsurance. *Care Without Coverage: Too Little, Too Late*. Washington, D.C.: National Academy of Sciences; 2002: 73.
4. Garvan C, Duncan R, Porter C. *The Florida Health Insurance Study 2004. County estimates of people without health insurance*: Univ of Florida Dept of Health Services Research, Management and Policy; 2005.
5. Florida Legislature's Office of Economic and Demographic Research (EDR). 2006 Population Estimates for Florida. Available at: [www.floridacharts.com](http://www.floridacharts.com). Accessed March 31, 2007.
6. McCaig L, Burt C. *National Ambulatory Medical Care Survey: 2003 emergency department summary*. Advance data from vital and health statistics; no 358. Hyattsville, MD: National Center for Health Statistics; 2005.
7. Florida Agency for Health Care Administration. *Emergency Department Report: a report to the Florida Legislature*. 2006.
8. Institute of Medicine: Committee on the Consequences of Uninsurance. *A Shared Destiny: Community Effects of Uninsurance*. Washington, D.C.: National Academy of Sciences; 2002: 73.

---

Please refer questions or comments about this report to Kari Ellingstad, MPH,  
Research Coordinator for the Community Health Improvement Partnership.

Phone: 941.861.2867  
Email: [kari\\_ellingstad@doh.state.fl.us](mailto:kari_ellingstad@doh.state.fl.us)

